PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mall Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as a finitedated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and or (b) inclined reported below or directed otherwise in Block 1, by (a) specifying a low correspondence address; and or (b) inclined a separate FEE ADDRESS* for

CURRENT CORRESPONDENCE ADDRESS (Note: Uss Block (for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.			
23460 7	590 07/01/	2010	нач				
LEYDIG VOIT	P-MAYED ITT	`	7.6	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FFE address above, or being facsimilitransmitted to the USFTO (571) 273-2885, on the date indicated below.			
TWO PRUDENTI			Sta				
180 NORTH STE	TSON AVENUE	16 4900	add	ressed to the Mail S ismitted to the USPTC	top ISSUE FEE address (571) 273-2885, on the d	above, or being facsimil ate indicated below.	
CHICAGO, IL 60601-6731				Melissa E. Kolon	glom (Deposi		
			4	11/12	WW-	(Signature)	
			L	September 23, 2	2010	(Date	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	L A	TTORNEY DOCKET NO.	CONFIRMATION NO.	
10/510.628	10/510.628 05/09/2005		Peter Hegemann		231181 4179		
TITLE OF INVENTION: U		PHOTORECEPTORS		CTIVATED ION CE	IANNELS		
TITLE OF EVER TOOL							
APPLN, TYPE	SMALL ENTITY	ISSUE PEE DUE	PUBLICATION FEE DUE	PREV, PAID ISSUE F	EE TOTAL FEE(S) DUE	DATE DUB	
	NO NO	\$1510	S300	50	\$1810	10/01/2010	
nonprovisional				. 3∪ T	\$1810	10/01/2010	
EXAMIN		ART UNIT	CLASS-SUBCLASS	J		*	
BALLARD, KI		1649	435-007200				
1. Change of correspondent CFR 1.363).	ce address or indication	of "Fee Address" (37	2. For printing on the patient front page, list (1) the sames of up to 3 registered patient attorneys or agents OR, atternatively, (2) the name of a single form) hard be names of up to 2 engistered storage or agent hard between pages of up to 2				
Change of correspon Address form PTO/SB/l	dence address (or Char	nge of Correspondence					
The Address' ladio	ston (ac "Tan Addmas"	Indication form					
"Foc Address" indication (or "Foe Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney of agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
			l				
3. ASSIGNEE NAME AND					to the self-ord between the st		
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed frecordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Max-Planck-Gesellschaft Zur Foerderung Der Wissenschaften E.V. München, Germany							
Please check the appropriat	e assignee category or	categories (will not be pr	inted on the patent):	Individual 🗹 Corp	oration or other private gr	oup entity 🚨 Governmen	
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
☐ A check is enclosed.							
Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # o	of Copies		The Director is hereb overpayment, to Dep	y authorized to charge osit Account Number	the required fee(s), any de 12-1216 (enclose s	efficiency, or credit any in extra copy of this form).	
5. Change in Entity Status	(from status indicated	l above)					
a. Applicant claims 8					ENTITY status. Sec 37 C		
NOTE: The Issue Fee and I interest as shown by the rec	Publication Fee (if requords of the United Sta	ired) will not be accepte tes Patent and Trademark	d from anyone other than Office.	the applicant; a registe	red attorney or agent; or t	he assignee or other party i	
	111. 8	180 m		. Septe	mber 23, 2010		
Authorized Signature	111 - 11	Pacci	_	Date	51,860		
Typed or printed name	Melissa E. Kolo			Registration No.			
This collection of informati	on is required by 37 C	FR 1.311. The information	on is required to obtain or	retain a benefit by the	public which is to file (an	d by the USPTO to proces	
submitting the completed a	pplication form to the	USPTO. Time will vary	depending upon the indi	vidual case. Any com	ments on the amount of ti	me you require to comple	
This collection of informati an application. Confidential submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virg Alexandria, Virginia 22313	is for reducing this but ginia 22313-1450. DC -1450	NOT SEND FEES OR	e Chief Information Offic COMPLETED FORMS T	or, U.S. Patent and Tr O THIS ADDRESS.	mdemark Office, U.S. Dep SEND TO: Commissioner	for Patents, P.O. Box 145	
Under the Paperwork Redu-	ction Act of 1995, no r	persons are required to re	spond to a collection of in	formation unless it dis	plays a valid OMB contro	l number.	